

TITLE 8. INDUSTRIAL RELATIONS  
DIVISION 1. DEPARTMENT OF INDUSTRIAL RELATIONS  
CHAPTER 4.5. DIVISION OF WORKERS' COMPENSATION  
SUBCHAPTER 1. ADMINISTRATIVE DIRECTOR -- ADMINISTRATIVE  
RULES

ARTICLE 12

RETURN TO WORK  
VOCATIONAL REHABILITATION

**10004. Return to Work Program.**

- (a) This section shall apply to injuries occurring on or after July 1, 2004;
- (b) An "Eligible Employer" means any employer, except the state or an employer eligible to secure the payment of compensation pursuant to subdivision (c) of Section 3700, who, based on the employer's payroll records or other equivalent documentation or evidence, employed 50 or fewer full-time employees on the date of injury.
- (c) "Full-time employee" means an employee who, during the period of his or her employment within the year preceding the injury, worked an average of 32 or more hours per week.
- (d) The Return to Work Program is administered by the Administrative Director for the purpose of promoting the employee's early and sustained return to work following a work-related injury or illness.
- (e) This program shall be funded by the Return to Work Fund, which shall consist of all penalties collected pursuant to Labor Code section 5814.6 and transfers made to this fund by the Administrative Director from the Workers' Compensation Administrative Revolving Fund established pursuant to Labor Code section 62.5. The reimbursement offered to eligible employers as set forth in this section shall be available only to the extent funds are available.
- (f) An eligible employer shall be entitled to reimbursement through this program for expenses incurred to make workplace modifications to accommodate an employee's return to modified or alternative work, up to the following maximum amounts:
- (1) \$1,250 to accommodate each temporarily disabled employee, for expenses incurred in allowing such employee to perform modified or alternative work within physician-imposed temporary work restrictions; and

(2) \$2,500 to accommodate each permanently disabled employee, for expenses incurred in returning such employee to sustained modified or alternative work within physician-imposed permanent work restrictions; however, if an employer who has received reimbursement for a temporarily disabled employee under paragraph (1) is also requesting reimbursement for the same employee for accommodation of permanent disability, the maximum available reimbursement is \$2,500. For the purpose of this subdivision, “sustained modified or alternative work” is work anticipated to last at least 12 months.

(g) Reimbursement shall be provided for any of the following expenses, provided they are specifically prescribed by a physician or are reasonably required by restrictions set forth in a medical report:

- (1) modification to worksite;
- (2) equipment;
- (3) furniture;
- (4) tools; or
- (5) any other necessary costs reasonably required to accommodate the employee’s restrictions.

(h) An eligible employer seeking reimbursement pursuant to subdivision (d) shall submit a “Request for Reimbursement of Accommodation Expenses” (Form DWC AD 10005, section 10005) to the Division of Workers’ Compensation Return to Work Program within ninety (90) calendar days from the date of the expenditure for which the employer is seeking reimbursement. As a condition to reimbursement, the expenditure shall not have been paid or covered by the employer’s insurer or any source of funding other than the employer. The filing date may be extended upon a showing of good cause for such extension. The employer shall attach to its request copies of all pertinent medical reports that contain the work restrictions being accommodated, any other documentation supporting the request, and all receipts for accommodation expenses. Requests should be sent to the mailing address for the Division of Workers’ Compensation Return to Work Program that is listed in the web site of the Division of Workers’ Compensation, at: [http://www.dir.ca.gov/dwc/dwc\\_home\\_page.htm](http://www.dir.ca.gov/dwc/dwc_home_page.htm)

(i) The Administrative Director or his or her designee shall review each “Request for Reimbursement of Accommodation Expenses,” and within sixty (60) business days of receipt shall provide the employer with notice of one of the following:

- (1) that the request has been approved, together with a check for the reimbursement allowed, and an explanation of the allowance, if less than the maximum amounts set forth in subdivision (d); or

(2) that the request has been denied, with an explanation of the basis for denial; or

(3) that the request is deficient or incomplete and indicating what clarification or additional information is necessary.

(j) In the event there are insufficient funds in the Return to Work Fund to fully reimburse an employer or employers for workplace modification expenses as required by this section, the Administrative Director shall utilize the following priority list in establishing the amount of reimbursement or whether reimbursement is allowed, in order of decreasing priority as follows:

(1) Employers who have not previously received any reimbursement under this program;

(2) Employers who have not previously received any reimbursement under this program for the employee who is the subject of the request;

(3) Employers who are seeking reimbursement for accommodation required in returning a permanently disabled employee to sustained modified or alternative work; and,

(4) Employers who are requesting reimbursement for accommodation required by a temporarily disabled employee.

(k) An eligible employer may appeal the Administrative Director's notice under subdivision (i) by filing a Declaration of Readiness to Proceed with the local district office of the Workers' Compensation Appeals Board within twenty calendar days of the issuance of the notice, together with a petition entitled "Appeal of Administrative Director's Reimbursement Allowance," setting forth the basis of the appeal. A copy of the Declaration of Readiness to Proceed and the petition shall be concurrently served on the Administrative Director.

Authority: Sections 133, 139.48, and 5307.3, Labor Code.

Reference: Section 62.5, 139.48, and 5814.6, Labor Code.

**10005. Form [DWC AD 10005 Request for Reimbursement of Accommodation Expenses].**

**Request for Reimbursement of Accommodation Expenses**  
**For injuries on or after July 1, 2004**  
**Form DWC AD 10005**

Name of Employer: \_\_\_\_\_ Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Name of Injured Employee: \_\_\_\_\_

WCAB number (if applicable): \_\_\_\_\_ Claim Number \_\_\_\_\_

Job Title (at time of injury): \_\_\_\_\_

Job Duties (attach job description if available): \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Reimbursement is requested for expenses to accommodate a:

\_\_\_\_\_ temporarily disabled employee (\$1250 maximum)

\_\_\_\_\_ permanently disabled employee (\$2500 maximum)

Employee's work restrictions and accommodation required (attach documentation regarding the need for accommodation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Itemized list of costs for which reimbursement is requested (attach all receipts):

1. Modification to worksite (list all work done and total cost) \_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Equipment, furniture and/or tools (list each item and cost) \_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Any other accommodation expenses: \_\_\_\_\_ Cost \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheets if necessary)

Total Costs: \_\_\_\_\_

The above costs have not been paid for and are not covered by the insurance carrier or any other source.

I declare that the information I have provided on this form is true and correct under penalty of perjury.

Signature of employer or employer's representative \_\_\_\_\_ Date \_\_\_\_\_

Form DWC AD 10005 (August 2006)

MANDATORY FORMAT  
STATE OF CALIFORNIA  
8 CCR Section 10005

Authority: Sections 133, 139.48, and 5307.3, Labor Code.

Reference: Section 62.5, 139.48, and 5814.6, Labor Code.

[The remainder of the Article is unchanged.]